United States Department of the Interior

BUREAU OF LAND MANAGEMENT

Nevada State Office P.O. Box 12000 Reno, Nevada 89520-0006

IN REPLY REFER TO: 1132 (NV-930) P

June 24, 2003

EMS TRANSMISSION 6/24/2003 Information Bulletin No. NV-2003-093

To: Field Managers, Nevada

Attn: National Conservation Area Managers, Nevada

From: Deputy State Director, Natural Resources, Lands & Planning

Subject: Customer Comment Cards DD: 07/08/2003

Current data collection methods are being used to gauge customer satisfaction, in conjunction with other business data, for analysis and program improvement. Washington Office is currently performing customer research for various BLM programs, which includes a combination of telephone surveys and customer comment card surveys. This bulletin addresses the customer comment card portion of the process.

Max Lockwood, Washington Office Customer Research Lead, is asking each state which field offices might be interested in receiving some meaningful and useful input from their customers. Mr. Lockwood is asking Nevada to target specific program areas where we want to see public response to our efforts to improve service delivery. There are four areas of interest, which include land management transactions, rights-of-ways, individual recreation sites, and visitor centers/public rooms. There are three methods to gain responses to customer comment cards, which include postal mailings, on-site handouts, or internet. The Nevada State Office Public Room staff has offered to assist with the mailings of the comment cards to our customers. However, on-site surveys would need to be conducted by field office staff.

Attached are examples of the customer comment cards. Please provide a couple programs and/or areas you might be interested in conducting customer comment responses to me by July 8, 2003. If you have any questions, please contact Anna Atkinson of my staff at 775.861.6628.

Signed by:

Margaret L. Jensen

DSD, Natural Resources, Lands & Planning

Authenticated by:

Florence Kopec

Staff Assistant

1 Attachment

1. Customer Comment Cards (8 pp)

Distribution

Director (WO-250), (Attn: Brad Cownover) Director (WO-830), (Attn: Max Lockwood)

NV-912, (Attn: Jo Simpson) NV-956, (Attn: Dave Morlan)

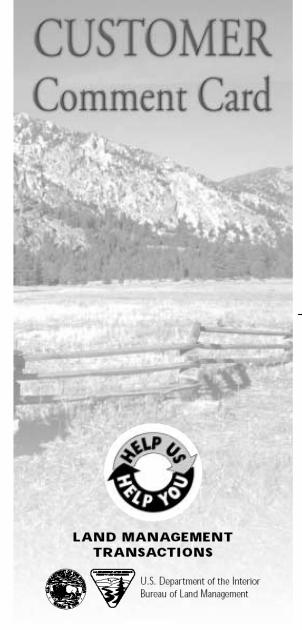


BUSINESS REPLY MAIL FIRST-CLASS MAIL PERMIT NO. 58 PALO ALTO

POSTAGE WILL BE PAID BY ADDRESSEE

PACIFIC CONSULTING GROUP SURVEY PROCESSING CENTER PO BOX 60208 PALO ALTO CA 94306–9642

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LAND MANAGEMENT Transactions

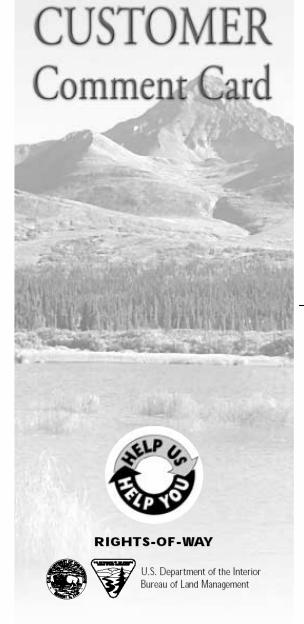
| Et il 12 ivii il 10 Et il Et il 11 il | |
|--|---|
| We are working hard to improve our way of doing business with you. Your feedback on how we're doing is vital to improving our service! | Please elaborate on your answers or provide other comments on how we can better serve you: |
| Name of BLM office: | |
| Date of visit or service: | |
| Please check the following category that best | |
| describes the reason for your visit: | |
| Acquisition of Non-Federal Lands Recreation and Public Purpose Disposal | |
| Land ExchangeLand Sale | |
| Agricultural EntryOther Conveyances | - |
| Please tell us how satisfied you were with the | |
| following: | |
| mely tisfiee tisfie ed ed | |
| Extremely Dissatisfied Dissatisfied Satisfied Satisfied Not Not | OPTIONAL: If you wish to be contacted by |
| 1. Processing your land transaction application/ | your local BLM office, please provide your name |
| proposal in a timely manner. | and contact information: |
| 1 2 3 4 5 6 | Name |
| 2. Responding promptly to your information requests. | Address |
| (1) (2) (3) (4) (5) (6) 3. Having personnel who reflect a friendly, | City, State, Zip |
| cooperative attitude. | Phone |
| (1) (2) (3) (4) (5) (6) | E-mail |
| 4. Explaining laws, regulations, and policies clearly. | VICIT LIC ON THE WED. |
| (1) (2) (3) (4) (5) (6) | VISIT US ON THE WEB: www.blm.gov |
| Providing adequate opportunities to resolve issues and disputes. | We estimate the reporting burden for this form to average 3 minutes, including the time for reviewing instructions, gathering and maintaining |
| (1) (2) (3) (4) (5) (6) | data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to the Department of |
| 6. Providing adequate opportunities for public | Interior, Office of Planning and Performance Management, 1849 C Street, NW, Mail Stop 5252, Washington, DC 20240. |
| involvement and comment. | PAPERWORK REDUCTION ACT STATEMENT |
| (1) (2) (3) (4) (5) (6) | BLM collects this information to provide us with data about the satisfaction of our customers with various services and products that we provide. We |
| 7. Working with other Federal, State, and local government agencies, as well as tribal entities, to | will evaluate the data and use it to improve our services to our customers. |
| provide better service. | Response to this request is voluntary. BLM may not collect or sponsor, and you are not required to respond to, a collection of information without an |
| (1) (2) (3) (4) (5) (6) | OMB approval number. |
| 8. Overall satisfaction with the service you received. | Form Approved OMB Approval No. 1040-0001 |

BLM/WO/GI-98/006+1800+REV03.



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RIGHTS-OF-WAY

| We are working hard to improve our way of doing business with you. Your feedback on how we're doing is vital to improving our service! | Please elaborate on your answers or provide other comments on how we can better serve you: | |
|--|--|--|
| Name of BLM office: | | |
| Date of visit or service: | | |
| Please check the following category that best describes the reason for your visit: | | |
| Powerline Fiber Optic System | | |
| Oil and Gas PipelineWater Pipeline Power GenerationRoad | | |
| Other: | | |
| Please tell us how satisfied you were with the | | |
| following: | | |
| Dissatisfied Dissatisfied Satisfied Satisfied Not Applicable | | |
| Dissatisfi Dissatisfi Neutral Satisfied Satisfied Not | OPTIONAL: If you wish to be contacted by | |
| 1. Processing your application in a timely manner. | your local BLM office, please provide your name | |
| 1) (2) (3) (4) (5) (6) | and contact information: | |
| 2. Responding promptly to your information | Name | |
| requests. | Address | |
| 1) (2) (3) (4) (5) (6) | City, State, Zip Phone | |
| Having personnel who reflect a friendly, | E-mail | |
| cooperative attitude. | E-man | |
| 1 (2 (3) (4) (5) (6) | VISIT US ON THE WEB: www.blm.gov | |
| 4. Explaining laws, regulations, and policies clearly. | Ü | |
| 1 2 3 4 5 6 | We estimate the reporting burden for this form to average 3 minutes, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to the Department of Interior, Office of Planning and Performance Management, 1849 C Street, NW, Mail Stop 5252, Washington, DC 20240. | |
| Maintaining good communication among BLM offices. | | |
| 1) (2) (3) (4) (5) (6) | | |
| . Working with other Federal, State, and local PAPERWORK REDUCTION ACT STATEMENT | | |
| government agencies, as well as tribal entities, | BLM collects this information to provide us with data about the satisfaction | |
| to provide better service. | of our customers with various services and products that we provide. We will evaluate the data and use it to improve our services to our customers | |
| 1 2 3 4 5 6 | Response to this request is voluntary. BLM may not collect or sponsor, and you are not required to respond to, a collection of information without an OMB approval number. | |
| 7. Overall satisfaction with the service you | | |
| received. (1) (2) (3) (4) (5) (6) | Form Approved OMB Approval No. 1040-0001 | |
| | Expires: January 31, 2005 | |
| | | |

BLM/WO/GI-98/005+1800+REV03



BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 58 PALO ALTO POSTAGE WILL BE PAID BY ADDRESSEE

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RECREATION SITES and EDUCATIONAL INFORMATION

| We are working hard to improve our way of doing business with you. Your feedback on how we're doing is vital to improving our service! | Please elaborate on your answers or provide other comments on how we can better serve you: |
|--|--|
| Name of BLM office: | |
| Name of facility or campground: | |
| Date of visit or service: | |
| Purpose of visit or contact: | |
| Please tell us how satisfied you were with the following: | |
| Dissatisfied Neutral Neutral Neutral Nextremely Satisfied Applicable The Month of the Propose of Your Visit. | |
| 1 Laving suincent facilities for the purpose of your visit. 1 | |
| and facilities. (4) (5) (6) | OPTIONAL: If you wish to be contacted by |
| Making buildings and facilities accessible to people with disabilities. | your local BLM office, please provide your name and contact information: |
| 1 2 3 4 5 6 | Name |
| 4. Having personnel who reflect a friendly, | Address |
| cooperative attitude. | City, State, Zip |
| (1) (2) (3) (4) (5) (6) | Phone |
| 5. Explaining laws, regulations, and policies clearly. (1) (2) (3) (4) (5) (6) | E-mail |
| (1) (2) (3) (4) (5) (6) 6. Providing interpretive or educational opportunities to help you better understand the importance of this area. | VISIT US ON THE WEB: www.blm.gov |
| 7. Overall satisfaction with the service you received. (1) (2) (3) (4) (5) (6) If you paid a fee for this use, please indicate how much | We estimate the reporting burden for this form to average 3 minutes, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to the Department of Interior, Office of Planning and Performance Management, 1849 C Stree NW, Mail Stop 5252, Washington, DC 20240. |
| you agree or disagree with these statements: | PAPERWORK REDUCTION ACT STATEMENT |
| The value of the recreation opportunities and services you experienced was at least equal to the fee you were asked to pay. (2) (3) (4) (5) (6) | BLM collects this information to provide us with data about the satisfact of our customers with various services and products that we provide. We will evaluate the data and use it to improve our services to our customers Response to this request is voluntary. BLM may not collect or sponsor, ar you are not required to respond to, a collection of information without a OMB approval number. |
| The fees charged at this site are fair and consistent with fees charged at other Federal, State, or local recreation facilities. | Form Approved OMB Approval No. 1040-0001 Expires: January 31, 2005. |
| | DLM /WO /CL oo /041 - 1000 - DEV/03 |



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PUBLIC ROOM

| We are working hard to improve our way of doing business with you. Your feedback on how we're doing is vital to improving our service! | Please elaborate on your answers or provide other comments on how we can better serve you: |
|--|--|
| Name of BLM office: | |
| Date of visit or service: | |
| Purpose of visit or contact: | |
| Please tell us how satisfied you were with the | |
| following: | |
| Extremely Dissatisfied Neutral Satisfied Satisfied Not Not Applicable | |
| 1. Providing a Public Room that is easy to find. | |
| (1) (2) (3) (4) (5) (6) | |
| Having comfortable and adequate space for public use. | OPTIONAL: If you wish to be contacted by |
| (1) (2) (3) (4) (5) (6) 3. Having adequate parking available. | your local BLM office, please provide your name and contact information: |
| (1) (2) (3) (4) (5) (6) | Name |
| 4. Providing information and services to meet | Address |
| your needs. (1) (2) (3) (4) (5) (6) | City, State, Zip Phone |
| 5. Responding to your information requests in a | E-mail |
| timely manner. | |
| (1) (2) (3) (4) (5) (6) 6. Having hours of operation that meet your | VISIT US ON THE WEB: www.blm.gov |
| needs. (1) (2) (3) (4) (5) (6) 7. Working with other Federal, State, or local government agencies, as well as tribal entities, | We estimate the reporting burden for this form to average 3 minutes, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to the Department of Interior, Office of Planning and Performance Management, 1849 C Street, NW, Mail Stop 5252, Washington, DC 20240. |
| to provide better service. (1) (2) (3) (4) (5) (6) 8. Overall satisfaction with the service you received. | PAPERWORK REDUCTION ACT STATEMENT BLM collects this information to provide us with data about the satisfaction of our customers with various services and products that we provide. We will evaluate the data and use it to improve our services to our customers. Response to this request is voluntary. BLM may not collect or sponsor, and you are not required to respond to, a collection of information without an |
| (1) (2) (3) (4) (5) (6) | OMB approval number. Form Approval No. 1040-0001 Evature: January 31, 2005 |

HE WEB: www.blm.gov

ACT STATEMENT

BLM/WO/GI-98/010+1800+REV03